

Type a plus sign (+) inside this box - ☐

0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office

# **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

H 3722 PCT/US

First Named Inventor

DAUTE, Peter

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ADDITIVES FOR PROCESSING PLASTICS**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **10/01/1999** as United States Application Number or PCT International

Application Number **PCT/EP99/07274** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
198 46 774.5	DE	10/10/1998	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/07274	10/01/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Aaron R. Ettelman	42,516
Steven J. Trzaska	36,296	Henry E. Millson, Jr.	18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number  or label **23657** OR ☒ Fill in correspondence address below

Name	Aaron R. Ettelman							
Address								
Address								
City					State		ZIP	
Country		Telephone	610-278-4930		Fax	610-278-6548		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned

Given Name	Peter		Middle Initial		Family Name	Daute		Suffix e.g. Jr.		
Inventor's Signature							Date			
Residence: City	Beverstedt		State		Country	Germany		Citizenship	Germany	
Post Office Address	Adolf-Butenandt-Strasse 25a									
Post Office Address										
City	27616 Beverstedt		State		Zip		Country	Germany	Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	<b>Wolfgang</b>	Middle Initial		Family Name	<b>Seiter</b>	Suffix e.g. Jr.	
------------	-----------------	----------------	--	-------------	---------------	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	<b>Neuss</b>	State		Country	<b>Germany</b>	Citizenship	<b>Germany</b>
-----------------	--------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	<b>Lorbeerweg 7</b>
---------------------	---------------------

Post Office Address	
---------------------	--

City	<b>41469 Neuss</b>	State		Zip		Country	<b>Germany</b>	Applicant Authority	
------	--------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	<b>Joerg-Dieter</b>	Middle Initial		Family Name	<b>Klamann</b>	Suffix e.g. Jr.	
------------	---------------------	----------------	--	-------------	----------------	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	<b>Bremerhaven</b>	State		Country	<b>Germany</b>	Citizenship	<b>Germany</b>
-----------------	--------------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	<b>Im Schiffsmoor 8d</b>
---------------------	--------------------------

Post Office Address	
---------------------	--

City	<b>27574 Bremerhaven</b>	State		Zip		Country	<b>Germany</b>	Applicant Authority	
------	--------------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	<b>Peter</b>	Middle Initial		Family Name	<b>Wedl</b>	Suffix e.g. Jr.	
------------	--------------	----------------	--	-------------	-------------	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	<b>Bremerhaven</b>	State		Country	<b>Germany</b>	Citizenship	<b>Austria</b>
-----------------	--------------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	<b>Loeningstrasse 13</b>
---------------------	--------------------------

Post Office Address	
---------------------	--

City	<b>27568 Bremerhaven</b>	State		Zip		Country	<b>Germany</b>	Applicant Authority	
------	--------------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	--------------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address	
---------------------	--

Post Office Address	
---------------------	--

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

☐ Additional inventors are being named on supplemental sheet(s) attached hereto